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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600328	(	CITY OR TOWN SPRINGFIELD
APPLICATION FOR RENEWAL:	Seasonal LICENSED FOR 201:	
	CLASS	YEAR
LICENSEE NAME: Springfield Lodge of	f Elks #61	
DOING BUSINESS A Springfield Lodge	of Elks	
ADDRESS 440 Rear tiffany St		
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01103
MANAGER: Avazzie, Raynond TYPI	E OF LICENSE: Com	mercial club CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT CLEA	ARLY.
DESCRIPTION OF LICENSED PREMISI outdoor pavilion	ES:	
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of the	he same type for the sa	ame premises now licensed;
2. the licensee has complied with a	all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for b	ousiness (If not explain	n below)
SIGNED BY		
	or Authorized Corpora	ate Officer
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate license and (2) the certificate of I	pector and the head o	
of 2010.	liquor liability insura	
of 2010.  Please Check Below:	iquor hability insura	LOCAL LICENSING AUTHORITY
Please Check Below: APPROVED:	iquor liability insura	
Please Check Below: APPROVED: DISAPPROVED:	iquor liability insura	LOCAL LICENSING AUTHORITY
Please Check Below: APPROVED:	iquor liability insura	LOCAL LICENSING AUTHORITY
Please Check Below: APPROVED: DISAPPROVED:	iquor liability insura	LOCAL LICENSING AUTHORITY

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122600356		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Seasonal	al LICENSED FOR 2015		
		CLASS			YEAR
LICENSEE NAME:	KIMI LLC				
DOING BUSINESS	A THE GRILL O	ON THE HILL			
ADDRESS 1059 S I	BRANCH PARKW	VAY			
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
	AVER, T LIAM M	TYPE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS	IS REQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF					
		RVICE AND STORAGE			
I hereby certify and	_			1. 1	
		of the same type for the	=		
	-	with all laws of the Com	_	taxes; and	
3. the premi	ses are now open i	for business (If not expl	ain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the head of liquor liability insu	d of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					

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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600378	C	CITY OR TOWN	SPRINGFIELD	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: MGB, INC. DOING BUSINESS A ELEGANT AF	FAIRS			
ADDRESS 619A DWIGHT ROAD				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: BOXOLD, T MARGARET	YPE OF LICENSE: Restar	urant CAT	TEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS I	IS REQUIRED. PLEASE PRINT CLEAR	RLY.		
DESCRIPTION OF LICENSED PREM				
WOOD STRUCTURE (10'X12'), WITH DE CUSTOMER WINDOW WITH PORTABL PATIO AND GOLF COURSE, WHOLES I	LE COUNTER AREA. EXTE			
I hereby certify and swear under penalti	ies of perjury that:			
1. the renewed license will be o	of the same type for the sa	me premises now li	censed;	
2. the licensee has complied wi	ith all laws of the Common	nwealth relating to t	axes; and	
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY Individual, Partn	ner or Authorized Corpora	te Officer		
D. 4.777				
DATE: TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER:	
		(Note: NOT Indiv	idual Social Security Number)	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	f the fire departme	ent for the above	
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				

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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600391		CITY OR TOW	'N SPRINGFI	IELD
APPLICATION FOR	RENEWAL:	Seasona	l LICI	ENSED FOR 2	015
		CLASS	}		YEAR
LICENSEE NAME: ODOING BUSINESS A					
ADDRESS 617 DWIG	HT ROAD				
CITY/TOWN: SPRIN	IGFIELD	STATE:	MA ZIP CODE:	01103	
MANAGER: SANTA VINCE	· · · · · · · · · · · · · · · · · · ·	ΓΥΡΕ OF LICENSI	E:Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Ye	OUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PR	INT CLEARLY.		
DESCRIPTION OF LI WOODEN BUILDING ( COURSEHOLES 9, 10,	10X12)EXTERI		CHAIRSOUTSIDE PA	ΓΙΟ AND GOLF	
I hereby certify and sw	ear under penal	ties of perjury that:			
2. the licensee	has complied w	• •	r the same premises no Commonwealth relatin explain below)		
SIGNED BY	Individual, Part	ner or Authorized (	Corporate Officer		
DATE:	TELEPH(	ONE NUMBER:		YER IDENTIFICATING INDIVIDUAL SOCIAL S	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building	inspector and the	head of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					

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